

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24249

1. PLACE OF DEATH

County St. Louis

Registration District No. 774

Township St. Ferdinand

Primary Registration District No. 6030

City Robertson

(No Jewish Sanatorium)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Jacob Polonsky

(a) Residence. No. 1130 Walton St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred, _____ yrs. 5 mos. _____ ds. How long in U. S., if of foreign birth? 19 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ida Polonsky

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 53

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

Mens Clothing

(c) Name of employer

Himself

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

10. NAME OF FATHER

Proim Polonsky

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Russia

14.

INFORMANT

(Address)

Ida Polonsky

Jewish Old Polish Home

15.

FILED

8-3, 1933

1428 East Grand Blvd

Emma J. Harris

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24, 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, '32

_____ 19____, to July 24, 19____.

that I last saw him alive on July 24, 1933, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

① Myocarditis, ② myocardial degeneration & decompensation, ③ Terminal Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Clinical evidence

(Signed) Dr. Selig Simon, M. D.

7/24, 1933 (Address) per Henry Chapman Jewish Sanatorium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Chevrach-Kedisha

July 25, 1933

20. UNDERTAKER

ADDRESS

Oxenhandler Funeral Home 4469 Washington

